

Changes to Attachments in 7/5/05 Systems letter

Attachment G – Auto and Facilitated Enrollment Address File (Ongoing)

This is the supplemental address file that will accompany Transaction Reply Reports that include auto-enrollments (please see pages 5 and 29 of the 7/5/05 Systems Letter for additional detail). The one change made to the 7/5/05 version of the file format in Attachment G is:

- 1) Field #10 – Low-Income Co-Pay Category -- The description of valid values 1 and 3 have been corrected. There was no change to the field length or position.

Attachment H – One-Time PDP Auto-Assignment Notification File

This is the one-time notification PDPs will receive in early October of those full-benefit dual eligibles assigned to them in the first round of auto-enrollment (please see pages 6 and 30 of the 7/5/05 Systems Letter for additional detail). The three changes made to the 7/5/05 version of the file format in Attachment H are:

- 1) Field # 1, Claim Number. Both the “Field Name” and “Description” have been changed to “Health Insurance Claim Number.” There was no change to the field length or position.
- 2) Field # 28, Co-Pay Category. The description of valid values 1 and 3 have been corrected. There was no change to the field length or position.
- 3) Fields #39-40, Full Surname and Full First Name. Two new fields have been added to the end of the file format. The existing name fields 2 and 3 are truncated (as they were based on the layout of the existing Transaction Reply Report format). At plans’ request, CMS added expanded name fields so that plans would have the full name of the beneficiary.

ATTACHMENT G
AUTO AND FACILITATED ENROLLMENT ADDRESS FILE (ONGOING)

Updated

#	Field Name	Len	Pos	Description
1	HICN#	12	1-12	Beneficiary's Health Insurance Clim Number
2	First Name	30	13-42	Beneficiary's First Name
3	Last Name	40	43-82	Beneficiary's Last Name
4	Middle Initial	1	83	Beneficiary's Middle Initial
5	Date of Birth	8	84-91	Format: YYYYMMDD
6	Sex	1	92	Sex Code: M = Male, F = Female, U = Unknown
7	Contract #	5	93-97	
8	PBP #	3	98-100	
9	Segment #	3	101-103	
10	Low-Income Co-Pay Category	1	104	Low-Income Co-Pay Category: 0 = none, not low-income 1 = \$2/\$5, 2 = \$1/\$3, 3 = \$0, 4 = 15%
11	Enrollment Effective Date	8	105 – 112	Format: YYYYMMDD
12	Beneficiary Address Line 1	40	113 – 152	
13	Beneficiary Address Line 2	40	153 - 192	
14	Beneficiary Address Line 3	40	193 - 232	
15	Beneficiary Address City	40	233 - 272	
16	Beneficiary Address State	2	273 - 274	
17	Beneficiary Zip Code	5	275 - 279	Standard Zip Code
18	Beneficiary Zip Code Extension	4	280 - 283	Zip Code Extension

ATTACHMENT H
ONE-TIME PDP AUTO-ASSIGNMENT NOTIFICATION FILE

Updated

Field	Size	Position	Description
1. Health Insurance Claim Number	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	1 = Medicaid 0 = No Medicaid
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Filler	7	53 - 59	Spaces
12.. Transaction Type Code (61)	2	60 – 61	Transaction Type Code
13. Filler	1	62	Space
14. Effective Date (20060101)	8	63 – 70	YYYYMMDD Format; Present only when the Transaction Reply Code is one of the following: 11, 12, 16, 17, 21 – 23, 38, 52, 80, 82 – 84, 100, 109 and 112
15. Filler	1	71	Space
16. Plan Benefit Package ID	3	72 – 74	PBP number
17. Filler	49	75 - 123	Spaces
18. Application Date (20051015)	8	124 – 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD
19. Filler	30	132 – 161	Spaces
20. Election Type (S)	1	162 – 162	A = AEP; E = IEP; I = ICEP; S=SEP; O = OEP; N = OEPNEW; T = OEPI MA/MA-PDs have I, A, O, S, N, T PDPs have E, A, and S

Field	Size	Position	Description
21. Enrollment Source (A)	1	163 – 163	A = Auto enrolled by CMS B = Beneficiary Election C = Facilitated enrollment by CMS D = CMS Annual Rollover
22. Filler	1	164 – 164	Space
23. Premium Withhold Option/Parts C-D (D)	1	165-165	D = Direct self-pay S = Deduct from SSA benefits R = Deduct from RRB benefits O = Deduct from OPM benefits N = No premium applicable Option applies to both Part C and D Premiums
24. Filler	3	166-168	Spaces
25. Creditable Coverage (N)	1	169-169	Y = Covered N = Not Covered
26. Filler	73	170 – 242	Spaces
27. Part D Subsidy Level	3	243-245	LIS percentage
28. Co-Pay Category	1	246 – 246	Definitions of the 4 Categories: 1. \$2/\$5 Other full subsidy eligibles 2. \$1/\$3 Full duals with income equal to or less than 100% FPL 3. \$0 Full duals that are institutionalized 4. 15% Partial subsidy eligibles
29. Co-Pay Effective Date (20060101)	8	247 – 254	Date co-pay category become effective. Format: YYYYMMDD
30. Beneficiary Address Line 1	40	255 – 294	Beneficiary residence line 1 address.
31. Beneficiary Address Line 2	40	295 – 334	Beneficiary residence line 2 address.
32. Beneficiary Address Line 3	40	335 – 374	Beneficiary residence line 3 address.
33. Beneficiary Address Line 4	40	375 – 414	Beneficiary residence line 4 address.
34. Beneficiary Address Line 5	40	415 – 454	Beneficiary residence line 5 address.
35. Beneficiary Address Line 6	40	455 – 494	Beneficiary residence line 6 address.
36. Beneficiary Address City	40	495 – 534	Beneficiary city of residence
37. Beneficiary Address State	2	535 – 536	Beneficiary state of residence
38. Beneficiary Zip Code	9	537 – 545	Beneficiary residence zip code
39. Full Surname	40	546 – 585	Expanded Beneficiary Surname
40. Full First Name	30	586 - 615	Expanded Beneficiary Given Name